

**Application Data Sheet**

**Application Information**

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	VOLUME MEASURING DEVICE AND METHOD
Attorney Docket Number::	8048-1190
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	13
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN  
Status:: Full Capacity  
Given Name:: TAKAHISA  
Middle Name::  
Family Name:: NISHIZU  
Name Suffix::  
City of Residence:: KYOTO-SHI  
State or Province of  
Residence::  
Country of Residence:: JAPAN  
Street of Mailing C/O GRADUATE SCHOOL OF AGRICULTURE,  
Address:: KYOTO UNIVERSITY  
KITASHIRAKAWA OIWAKE-CHO, SAKYO-KU,  
KYOTO  
City of Mailing Address:: KYOTO-SHI  
State or Province of Mailing Address::  
Country of Mailing Address:: JAPAN  
Postal or Zip Code of Mailing Address:: 606-8502

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN  
Status:: Full Capacity  
Given Name:: AKIHIRO  
Middle Name::  
Family Name:: NAKANO  
Name Suffix::  
City of Residence:: TSUKUBA-SHI  
State or Province of  
Residence::  
Country of Residence:: JAPAN  
Street of Mailing C/O NATIONAL INSTITUTE OF ADVANCED

Address:: INDUSTRIAL SCIENCE AND TECHNOLOGY  
2-1, NAMIKI 1-CHOME, IBARAKI  
City of Mailing Address:: TSUKUBA-SHI  
State or Province of Mailing Address::  
Country of Mailing Address:: JAPAN  
Postal or Zip Code of Mailing Address:: 305-8564

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN  
Status:: Full Capacity  
Given Name:: YASUO  
Middle Name::  
Family Name:: TORIKATA  
Name Suffix::  
City of Residence:: TOKYO  
State or Province of  
Residence::  
Country of Residence:: JAPAN  
Street of Mailing C/O MAYEKAWA MFG. CO., LTD.  
Address:: 13-1, BOTAN 2-CHOME, KOTO-KU  
City of Mailing Address:: TOKYO  
State or Province of Mailing Address::  
Country of Mailing Address:: JAPAN  
Postal or Zip Code of Mailing Address:: 135-0046

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: JAPAN  
Status:: Full Capacity  
Given Name:: TOMOKI  
Middle Name::  
Family Name:: YAMASHITA  
Name Suffix::  
City of Residence:: TOKYO  
State or Province of

Residence::

Country of Residence:: JAPAN

Street of Mailing C/O MAYEKAWA MFG. CO., LTD.

Address:: 13-1, BOTAN 2-CHOME, KOTO-KU

City of Mailing Address:: TOKYO

State or Province of Mailing Address::

Country of Mailing Address:: JAPAN

Postal or Zip Code of Mailing Address:: 135-0046

**Correspondence Information**

Correspondence Customer 00466

Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/JP2005/005272	3/23/05

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
JAPAN	2004-087589	3/24/04	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::